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FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

2011 NOV -7 AM 7: 23

FORM 1		OHAME		FEC	FEC MAIL CENTER		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5			
FIRST C	OMM	NWEALTH	FINANCIAL.	CORPOR	ATION PAC		
ADDRESS (number a	nd street)	22 NORTH	SIXTH STR	EET			
(Check if address is changed)		PO BOX 400					
		INDIANA		PA	15701-0400		
			CITY	STATE	ZIP CODE		
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one	e-mail address)				
(Check if address							
is change	ed)						
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)					
(Check if	If addrasa						
is change				<u></u>			
2. DATE	Ö 3	<u> </u>					
3. FEC IDENTIFIC	CATION NU	JMBER C 0	03,48185				
4. IS THIS STATE	MENT	NEW (N) OR	AMENDED (A)				
I certify that I have of	examined th	is Statement and to the bes	st of my knowledge and belie	f it is true, correct	and complete.		
Type or Print Name	of Treasurer	TERESA M. C	n -IAMBOTT				
Signature of Treasure	er I	Even M C.	itti	Date	013118011		
NOTE: Submission of			n may subject the person signing TION SHOULD BE REPORTED		the penalties of 2 U.S.C. §437g.		
Office Use Only			For further information Federal Election Comm Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

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	TYPE OF COMMITTEE Cendidate Committee:							
	Ė							
(a)	, \square	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	· L	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	ame of andidate		<u> </u>					
	andidate arty Affiliatio	Office Sought: House Senate President	State District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	G. a.v					
	ame of andidate							
P	arty Com	mittee:						
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
Po	olitical A	ction Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:					
	,	Corporation Corporation w/o Capital Stock	Labor Organization					
			·					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party					
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Jo	Joint Fundraising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal eandidate.						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
	Com	mittees Participating in Joint Fundraiser						
			e teleti e e i					
	1.							
	2.	FEC 1D number C	renga sa Malaist (abi 1,40 m) Tangga sa mangga sa					
	3.	FEC ID number C	് അക്രിക്കുന്നു. ഇത് അപ്രത്യേഷങ്ങളിലെ സ്വാഹം പ്രത്യേഷങ്ങളിലെ പ്രത്യേഷങ്ങളില് പ്രത്യേഷങ്ങളില് പ്രത്യേഷങ്ങളില് വ					
	4.	FEC ID number C	ရွှေသေးများကောင်သွား မောက္ခမာတင် စေရည်း မေး 					

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٧	Vrite or Type Committ	tee Name	
F	IRST CAMMAI	NWEALTH FINANCIAL CORPORATION PAC	
6.	-,	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
ì			
-	Mailing Address		
	Mailing Address		1 1 1 1 1 1
			i
		CITY STATE Z	P CODE
	RTIN		
	Relationship:	Connected Organization Affiliated Committee Juliont Fundraising Representative	ership PAC Sponsor
	Custodian of Door	ords: Identify by name, address (phone number optional) and position of the person in posse	ession of committee
7.	books and records.	ords: Identify by name, address (phone number optional) and position of the person in posse	SSIOTE OF COMMINGE
	- n.n. 17	TERESA CIAMBOTTI	
		654 PHILADELPHIA STREET	
	Mailing Address		
			1101/00
		TNDIANA PA 1570	01-0400
	Title or Position	CITY STATE Z	P CODE
	SECRET	$A_1R_1Y_1/TREAS_1U_1R_1E_1R_1$ Telephone number $[7,3,4]-[46]$	31-14725
		The part of the pa	
8.		name and address (phone number optional) of the treasurer of the committee; and the name and (e.g., assistant treasurer).	and address of
	Full Name of Treasurer	TERESA CIAMBOTTII	
	Mailing Address	654 PHILADELPHIA STREET	1 1 1 1 1 1 1 1 1
		POBOX HOD	
			11-0400
			P CODE

Title or Position

SECRETARY TREASURER

17241-14631-14725

CITY

STATE

ZIP CODE

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Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	e of Receipt or Postmarked				
es ·	11/7/11				
PREPARER (3/2005)	DATE PREPARED				
\(\frac{1}{2}\)					